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3459-11

RECEIPT ACCOUNTING
DIVISION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Hoffberg et al. 1999 MAR 23 AM 11: 53
Serial No. : 09/260,802
Continuation of 07/812,805
Filed : March 2, 1999
For : ADAPTIVE PATTERN RECOGNITION BASED CONTROLLER
APPARATUS AND METHOD AND HUMAN-FACTORED
INTERFACE THEREFORE

March 18, 1999

Hon. Commissioner of Patents
and Trademarks
Washington, DC 20231
ATTN.: FINANCE DEPT.

Re: Refund

Dear Sir:

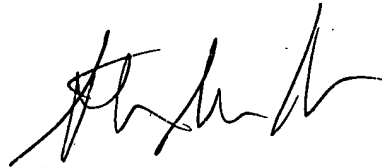
I was informed by telephone that on March 15, 1999, the amount of \$342 under Code 202 and \$432 under Code 203 were charged to Deposit Account #50-0427 with respect to U.S. Patent Serial No. 09/260,802.

Our calculations indicate that these charges against the Deposit Account were in error. Applicant's calculation of the filing fee are set forth on page 2 of the modified Form PTO-1082 cover sheet which indicate a total filing fee of \$701.

Applicants clearly indicate on page 45 of the Preliminary Amendment (copy enclosed) the 34 claims and 8 independent claims which are to be examined.

We request that this discrepancy be rectified since this has substantially perturbed the balance in our account.

Respectfully submitted,

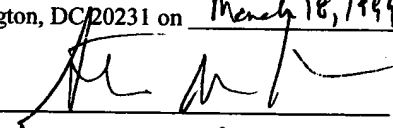


Steven M. Hoffberg
Reg. No. 33,511

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White Plains, NY 10606

(914) 949-3100

I hereby certify that this correspondence is being deposited with the United States Postal Services as first class mail in an envelope addressed to:
Commissioner of Patents and Trademarks,
Washington, DC 20231 on March 18, 1999

By  _____

Date March 18, 1999

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>4-1-99</u>		2 Serial/Patent # <u>09/260,802</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ <u>774</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ <u>774</u>								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> <td style="width: 20px;">2</td> <td style="width: 20px;">7</td> </tr> </table>			5	0	--	0	4	2	7
5	0	--	0	4	2	7					
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>R. Brown</u>		TITLE: <u>L. Examiner</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-1879</u>									
OFFICE: <u>OIPE-Team2</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
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[FORM NUMBER PTO-1577]

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